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*Muskingum County Sheriff's Office  
Prisoner Reimbursement  
(740) 455-7134 ext.124*

January 9, 2007

IN RE: Prisoner Reimbursement

Dear Craig Kirk:

As an inmate in Muskingum County Jail, you will be financially responsible for the following:

- \*\* Reception fee of \$8.00 (if applicable)
- \*\* A per diem rate not to exceed \$30.00
- \*\* Previous / Past Due Prisoner Reimbursement fees (if applicable)
- \*\* Actual Medical / Dental fees
- \*\* Medical / Dental co pay
- \*\* Property Damaged by you while incarcerated
- \*\* Inmate account recovery

Upon your scheduled release, you will receive your Prisoner Reimbursement invoice. \* A payment is due within 30 days and the account must be paid in full within 90 days. **FAILURE TO PAY AS DIRECTED WILL RESULT IN FURTHER COURT PROCEEDINGS.**

Please direct any questions to the telephone number listed above.

Sincerely,

*Jodi Moody*  
Jodi Moody  
Reimbursement Coordinator  
Muskingum County Sheriff's Office

\*In the event work release privileges are obtained, fees shall be paid in full prior to release from the work release center.

**Muskingum County Sheriff's Office**  
**Prisoner Reimbursement**  
**28 N. 4th St.**  
**Zanesville, OH 43701**  
**(740) 455-7134 ext. 124**



Billing Address			
Kirk, Craig M 1239 Chestnut St. Coshocton, OH 43812			
Date Issued		Invoice #	Due Date
3/4/2008		17428	4/4/2008
Description	Qty. of Days	Daily Rate	Amount
Book In Fee 1/3/08		4.00	4.00
Book Out Fee 3/3/08		4.00	4.00
Per Diem Rate	60	4.00	240.00
		<b>Total</b>	<b>\$248.00</b>
<b>Please remit payment to the address listed above. Correct change is required when making cash payments. Personal checks are not accepted.</b>		<b>Balance Due</b>	<b>\$248.00</b>



CRB118-3

**MUSKINGUM COUNTY SHERIFF DEPT.**  
28 North Fourth Street  
ZANESVILLE, OHIO 43701

**CASH RECEIPT**


Received From Craig Knick Date 8/11/07 **018966**

Address \_\_\_\_\_ Dollars \$ 248.00

For 17428

ACCOUNT		HOW PAID	
AMT OF ACCOUNT	<u>248.00</u>	CASH	<input checked="" type="checkbox"/>
AMT PAID	<u>248.00</u>	CHECK	<input type="checkbox"/>
BALANCE DUE	<u>—</u>	CREDIT CARD	<input type="checkbox"/>

By gaw

 <b>UNITED STATES POSTAL SERVICE®</b>		<b>CUSTOMER'S RECEIPT</b>	
<b>KEEP THIS RECEIPT FOR YOUR RECORDS</b>	<b>PAY TO:</b> ADDRESS C. O. D. OR USED FOR	<b>MUSKINGUM COUNTY COURT</b>	SEE BACK OF THIS RECEIPT FOR IMPORTANT CLAIM INFORMATION <b>NOT NEGOTIABLE</b>
	SERIAL NUMBER <b>11559312742</b>	YEAR, MONTH, DAY <b>2008-08-08</b>	POST OFFICE <b>432021</b>
	AMOUNT <b>\$725.00</b>		CLERK <b>0013</b>



Total money due on all cases for Kirk, Craig M  
as of 02/12/08

Traffic cases

TRC 0705102 A	OVI/REFUSAL	565.00
TRC 0705102 B	DRIV UNDER SUSP	250.00
TRC 0705102 C	HEAD LIGHTS	50.00



Total: 865.00

Criminal cases

Total: .00

Grand Total: 865.00

fines \$700  
Court cost \$115

Failure to pay fines and costs in a timely manner or according to the terms of your sentencing entry may subject you to arrest, cancellation of your driver's license, a registration block, and/or referral to a collection agency. All actions will result in additional costs above what is currently due.

\_\_\_\_\_  
Defendant